Mr. W. H. Shillingford Visteon Systems LLC 4747 Western Avenue Connersville, Indiana 47331

> Re: 041-12419-00004 Third Administrative Amendment to Part 70 041-6896-00004

Dear Mr. Shillingford:

Ford Electronics and Refrigeration LLC was issued a Part 70 Operating Permit on February 17, 1999 for a stationary automotive parts manufacturing plant. A letter was received June 27, 2000 requesting a transfer of ownership and name change. Pursuant to the provisions of 326 IAC 2-7-11 the permit is hereby administratively amended as follows:

Visteon Corporation acquired Ford Electronics and Refrigeration LLC. Effective June 28, 2000 the plant located at 4747 Western Avenue, Connersville, Indiana 47331, will operate under the new name of Visteon Systems LLC.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, of my staff, at 317-233-5334 or 1-800-451-6027, press 0 and ask for extension 3-5334.

Sincerely,

Paul Dubenetzky, Chief Permits Branch Office of Air Management

Attachments PD/gkf

cc: File - Fayette County

Fayette County Health Department Air Compliance Section - Warren Greiling Compliance Data Section - Karen Nowak

PART 70 OPERATING PERMIT and ENHANCED NEW SOURCE REVIEW OFFICE OF AIR MANAGEMENT

Visteon Systems LLC 4747 Western Avenue Connersville, Indiana 47331

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 and 326 IAC 2-1-3.2 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: T041-6896-00004	
Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Management	Issuance Date: February 17, 1999

First Significant Source Modification 041-10295, issued March 15, 1999 First Administrative Amendment 041-10719, issued April 10, 1999 Second Administrative Amendment 041-11046, issued August 4, 1999 First Minor Source Modification 041-11582, issued March 9, 2000 First Minor Permit Revision 041-12053, issued May 25, 2000

Third Administrative Amendment: 041-12419	Pages Affected: 48, 49, 51, and 52
Issued by: Paul Dubenetzky, Branch Chief Office of Air Management	Issuance Date:

Page 2 of 6 OP No. T041-6896-00004

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT **OFFICE OF AIR MANAGEMENT COMPLIANCE DATA SECTION**

PART 70 OPERATING PERMIT CERTIFICATION

Source Name: Visteon Systems LLC

4747 Western Avenue, Connersville, Indiana 47331 Source Address: 4747 Western Avenue, Connersville, Indiana 47331 Mailing Address:

Part 70 Permit No.: T041-6896-00004	
This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.	
Please check what document is being certified:	
9 Annual Compliance Certification Letter	
9 Test Result (specify)	
9 Report (specify)	
9 Notification (specify)	
9 Other (specify)	
I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.	d
Signature:	
Printed Name:	
Title/Position:	
Date:	

Ford Electronics and Refrigeration Corporation Connersville, Indiana

Permit Reviewer: TE/EVP

Third Administrative Amendment: 041-12419-00004 Amended by: Gary Freeman

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR MANAGEMENT

COMPLIANCE DATA SECTION P.O. Box 6015 100 North Senate Avenue Indianapolis, Indiana 46206-6015 Phone: 317-233-5674

Fax: 317-233-5967

PART 70 OPERATING PERMIT EMERGENCY/DEVIATION OCCURRENCE REPORT

Source Name: Visteon Systems LLC

Source Address: 4747 Western Avenue, Connersville, Indiana 47331 Mailing Address: 4747 Western Avenue, Connersville, Indiana 47331

Part 70 Permit No.: T041-6896-00004

This form consists of 2 pages

Page 1 of 2

Check either No. 1 or No.2

9 1. This is an emergency as defined in 326 IAC 2-7-1(12)

- The Permittee must notify the Office of Air Management (OAM), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
- The Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16
- 9 2. This is a deviation, reportable per 326 IAC 2-7-5(3)(c)
 - C The Permittee must submit notice in writing within ten (10) calendar days

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:	
Control Equipment:	
Permit Condition or Operation Limitation in Permit:	
Description of the Emergency/Deviation:	
Describe the cause of the Emergency/Deviation:	

Ford Electronics and Refrigeration Corporation Connersville, Indiana Permit Reviewer: TE/EVP

Third Administrative Amendment: 041-12419-00004 Amended by: Gary Freeman

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Date/Time Emergency/Deviation started:				
Date/Time Emergency/Deviation was corrected:				
Was the facility being properly operated at the time of the emergency/deviation? Y N Describe:				
Type of Pollutants Emitted: TSP, PM-10, SO ₂ , VOC, NO _x , CO, Pb, other:				
Estimated amount of pollutant(s) emitted during emergency/deviation:				
Describe the steps taken to mitigate the problem:				
Describe the corrective actions/response steps taken:				
Describe the measures taken to minimize emissions:				
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:				
Form Completed by: Title / Position: Date: Phone:				

Third Administrative Amendment: 041-12419-00004 Amended by: Gary Freeman Page 5 of 6 OP No. T041-6896-00004

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR MANAGEMENT COMPLIANCE DATA SECTION

PART 70 OPERATING PERMIT NATURAL GAS FIRED BOILER CERTIFICATION

Source Name: Visteon Systems LLC Source Address: 4747 Western Avenue, Connersville, Indiana 47331 4747 Western Avenue, Connersville, Indiana 47331 Mailing Address: Part 70 Permit No.: T041-6896-00004 This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit. Report period Beginning: _ Ending: ___ Boiler Affected Alternate Fuel Days burning alternate fuel **From** To I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete. Signature: Printed Name: Title/Position: Date:

Ford Electronics and Refrigeration Corporation Connersville, Indiana Permit Reviewer: TE/EVP Third Administrative Amendment: 041-12419-00004 Amended by: Gary Freeman Page 6 of 6 OP No. T041-6896-00004

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR MANAGEMENT COMPLIANCE DATA SECTION

PART 70 OPERATING PERMIT SEMI-ANNUAL COMPLIANCE MONITORING REPORT

SEMI-ANNUAL COMPLIANCE MONITORING REPORT					
Source Name: Visteon Systems LLC Source Address: 4747 Western Avenue, Connersville, Indiana 47331 Mailing Address: 4747 Western Avenue, Connersville, Indiana 47331 Part 70 Permit No.: T041-6896-00004					
N	lonths: to _	Year:			
This report is an affirmation that the source has met all the compliance monitoring requirements stated in this permit. This report shall be submitted semi-annually. Any deviation from the compliance monitoring requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".					
9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD					
9 THE FOLLOWIN	NG DEVIATIONS OCCURR	ED THIS REPORTING PERI	OD.		
	onitoring Requirement it Condition D.1.3)	Number of Deviations	Date of each Deviation		
	<u> </u>				

Attach a signed certification to complete this report.